

Note: Prior to using information provided in this fee schedule, review the following on-line tools for the latest in hearing aid policy and billing guidance.

- 471 NAC, Chapter 8 -- Hearing Aids at <http://www.dhhs.ne.gov/reg/t471.htm>
- Provider Bulletins at <http://www.dhhs.ne.gov/med/pb/>

For client eligibility or claims-status questions, call the Inquiry Line, 1-877-255-3092.

For policy issues, email the hearing aids program specialist, mike.laughlin@nebraska.gov.

471-000-508 Nebraska Medicaid Hearing Aid Fee Schedule

Procedure codes are listed numerically and indicate coverage, maximum payment amount and special billing instructions. Codes covered by Medicaid are in bold print. Payment will be the lower of the maximum allowable amount or the provider's submitted charge.

Submitted charge for batteries must reflect provider's usual /customary charge to general public.

Medicaid doesn't pay for provider's mileage or postage, or supplier's shipping and handling.

SPECIAL PRICING - Certain procedure codes will not have a predetermined allowable fee. Maximum payment amount is \$695.93 per aid unless prior authorization indicates a higher authorized amount based on exceptional medical need.

- A. "BR" (By Report) - Paid at "reasonable charge" based on the service and circumstances. A complete description of the service and cost invoice (along with additional documentation, if applicable) is required for review and pricing.
- B. "IC" (Invoice Cost) - Paid at invoice cost, up to maximum allowable (\$692.47 per aid). An invoice must be attached to the claim and must reflect factory cost minus any discounts.

MODIFIERS

The RP modifier is obsolete. Use the following modifiers with hearing aid replacements or repairs:

When billing a replacement hearing aid, use an RA modifier with the appropriate hearing aid code. Provider must submit a prior authorization request before dispensing or billing a replacement aid, regardless of amount to be billed for the aid. (The \$500 threshold rule for prior authorizations doesn't apply to replacement aids.) When billing, submit the actual cost invoice.

When billing a dispensing fee for a replacement aid, use the RA modifier with V5160 or V5241.

When billing a part in conjunction with a repair to a hearing aid, or when billing an outside-lab's actual cost invoice for a repair to a hearing aid, continue to use V5014 without a modifier.

When billing a dispensing fee in conjunction with a repair to a hearing aid, or with an outside-lab's actual cost invoice for a repair to a hearing aid, use the RB modifier with V5160 or V5241.

HEARING SERVICES V5000 – V5999

MODIFIERS

RR	monthly rental
KR	daily rental
RA	replacement under loss and damage coverage
RB	repair (see page 1)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>	<u>BILLING NOTES</u>
V5008	Hearing screening	----	hospital service only
V5010	Assessment for hearing aid	----	in dispensing fee
V5011	Fit/orientation/check of aid	----	in dispensing fee
V5014	Repair/modification of aid	IC	prior auth. over \$150
V5020	Conformity evaluation	\$20.17	
V5030	Hearing aid, monaural, body worn, air conduction	IC	invoice with claim
V5040	Hearing aid, monaural, body worn, bone conduction	IC	invoice with claim
V5050	Hearing aid, monaural, in the ear	IC	invoice with claim
V5060	Hearing aid, monaural, behind the ear	IC	invoice with claim
V5070	Glasses, air conduction	IC	invoice with claim
V5080	Glasses, bone conduction	IC	invoice with claim
V5090	Dispensing fee, unspecified hearing aid	----	use V5160, V5241
V5095	Semi-implantable middle ear hearing protheses	----	not covered
V5100	Hearing aid, bilateral, body worn	IC	invoice with claim
V5110	Dispensing fee, bilateral	----	use V5160
V5120	Binaural, body	IC	single dispensing fee
V5130	Binaural, in the ear	IC	invoice with claim
V5140	Binaural, behind the ear	IC	invoice with claim
V5150	Binaural, glasses	IC	invoice with claim
V5160	Dispensing fee, binaural	\$519.15	RA/RB modifier for replace or repair (\$101.43)
V5170	Hearing aid, CROS, in the ear	----	use V5050
V5180	Hearing aid, CROS, behind the ear	----	use V5060
V5190	Hearing aid, CROS, glasses	----	use V5070
V5200	Dispensing fee, CROS	----	use V5241
V5210	Hearing aid, BICROS, in the ear	----	use V5130
V5220	Hearing aid, BICROS, behind the ear	----	use V5140
V5230	Hearing aid, BICROS, glasses	----	use V5150
V5240	Dispensing fee, BICROS	----	use V5160
V5241	Dispensing fee, monaural hearing aid, any type	\$259.58	RA/RB modifier for replace or repair (\$50.72)
V5242	Hearing aid, analog, monaural, CIC	----	not covered
V5243	Hearing aid, analog, monaural, ITC	----	not covered
V5244	Hearing aid, digitally programmable analog, monaural, CIC	----	not covered

<u>CODE</u>	<u>DESCRIPTION</u>	<u>FEE</u>	<u>BILLING NOTES</u>
V5245	Hearing aid, digitally programmable analog, monaural, ITC	----	not covered
V5246	Hearing aid, digitally programmable analog, monaural, ITE	----	use V5050
V5247	Hearing aid, digitally programmable analog, monaural, BTE	----	use V5060
V5248	Hearing aid, analog, binaural, CIC	----	not covered
V5249	Hearing aid, analog, binaural, ITC	----	not covered
V5250	Hearing aid, digitally programmable analog, binaural, CIC	----	not covered
V5251	Hearing aid, digitally programmable analog, binaural, ITC	----	not covered
V5252	Hearing aid, digitally programmable binaural, ITE	----	use V5130
V5253	Hearing aid, digitally programmable binaural, BTE	----	use V5140
V5254	Hearing aid, digital, monaural, CIC	----	not covered
V5255	Hearing aid, digital, monaural, ITC	----	not covered
V5256	Hearing aid, digital, monaural, ITE	----	use V5050
V5257	Hearing aid, digital, monaural, BTE	----	use V5060
V5258	Hearing aid, digital, binaural, CIC	----	not covered
V5259	Hearing aid, digital, binaural, ITC	----	not covered
V5260	Hearing aid, digital, binaural, ITE	----	use V5130
V5261	Hearing aid, digital, binaural, BTE	----	use V5140
V5262	Hearing aid, disposable, any type, monaural	----	not covered
V5263	Hearing aid, disposable, any type, binaural	----	not covered
V5264	Ear mold/insert, not disposable, any type	IC	not for impressions, (see V5275)
V5265	Ear mold/insert, disposable, any type	----	not covered
V5266	Battery for use in hearing device	\$1.02	
V5267	Hearing aid supplies/accessories	BR	prior authorize over \$150
V5268	Assistive listening device, telephone amplifier, any type	----	not covered
V5269	Assistive listening device, alerting, any type	----	not covered
V5270	Assistive listening device, television amplifier any type	----	not covered
V5271	Assistive listening device, television caption decoder	----	not covered
V5272	Assistive listening device, TDD	----	not covered
V5273	Assistive listening device for use with cochlear implant	BR	prior authorize
V5274	Assistive learning device, not otherwise specified	----	FM system not covered
V5275	Ear impression, each	----	in dispensing fee, use only For replacement ear mold (\$20.00)
V5298	Hearing aid, not otherwise classified	IC	e.g. Pocket Talker
V5299	Hearing service, miscellaneous	BR	Prior authorize over \$150